

Family Care **UPDATE**

Options for Long -Term Care

April 2002

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Family Care Goals

- Increase consumer choice
- Improve access to services
- Create a comprehensive and flexible long-term care service system
- Improve quality through a focus on health and social outcomes
- Create a cost-effective long-term care system for the future

Resource Center Partners with Private Industry to Help Older and Disabled Home Owners

Through the assistance of automotive manufacturer DaimlerChrysler, older and disabled homeowners in Kenosha County got some much needed help last fall.

In October 2001, DaimlerChrysler called the Kenosha County Aging and Disability Resource Center looking for volunteer opportunities for workers who had been laid off at its Kenosha plant. The call came at a perfect time for older and disabled people who needed help with autumn clean-up. For five weeks the Resource Center coordinated work assignments for four full-time workers, who raked leaves and cleaned yards for more than 60 people.

At first, the workers were apprehensive and a bit unsure what they had gotten into. This was soon replaced with enthusiasm and a sense of mission as they looked forward to helping fellow community residents in a new and different way. The people who received help from the workers were equally enthusiastic and grateful for the help.

The yard clean up was so successful the Resource Center also called upon the workers to shovel snow for elderly and disabled residents. The DaimlerChrysler workers also provided valuable services to other aging programs in Kenosha County – they delivered Meals on Wheels, served as volunteer drivers, did data entry for the county, and moved wheelchairs, commodes and other durable medical equipment to the new loan closet coordinated by the Resource Center.

Besides the work they did in Kenosha County, DaimlerChrysler workers also volunteered at other agencies from Milwaukee to Waukegan, Illinois. This volunteer resource is a result of the United Auto Workers (UAW) contract with DaimlerChrysler and other General Motors companies. It guarantees full salary and benefits for union employees laid off from their jobs. They are given health and safety training and an overview of volunteer work opportunities before they select their assignments.

The DaimlerChrysler volunteer program for laid off workers was a win-win



DaimlerChrysler worker Dale LeRose doing volunteer work for the Kenosha County Aging & Disability Resource Center.

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situation for all involved:

- It provided manpower to community programs that have limited resources and depend on volunteers;
- It provided assistance to many older adults and people with disabilities who face daily challenges in maintaining independence in their own homes;
- It gave DaimlerChrysler workers the satisfaction of helping others; and
- It helped renew Kenosha County's sense of community as private industry and public agencies joined to serve people in need. ♦

Family Care Update

Family Care Update is a publication of the Department of Health and Family Services and is issued by staff in the Office of Strategic Finance for counties, advocates, Family Care pilot sites, and other people interested in long-term care redesign and Family Care.

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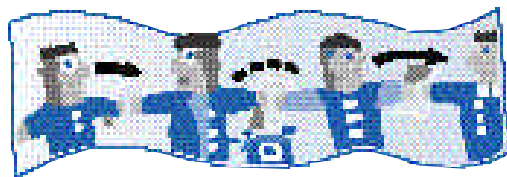
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Visit our web site at www.dhfs.state.wi.us/LTCare for up-to-date information on Wisconsin's long-term care redesign project.

Informing Long-Term Care Facility Residents about Family Care

Resource centers in the five counties that also have CMOs are starting a major outreach effort to inform residents of long-term facilities about Family Care. One goal of this effort is to make sure residents know resource center staff are available to talk with them about long-term care options, so they can choose care that best meets their needs and preferences, and is cost-effective. Another goal is to inform residents about the Family Care benefit, and help them apply for it if they want. The resource centers involved in this effort are those located in Fond du Lac, La Crosse, Milwaukee, Portage, and Richland counties.



One goal of this effort is to inform residents of long-term care facilities about the Family Care benefit, and help them apply for it if they want.

The legislature set out the basic requirements for this resident outreach effort in the law that created Family Care. The state long-term care council and resource centers both advised the Department on the specific steps the outreach effort should consist of, and these were included in the contract between the resource centers and the Department.

The outreach effort will be directed at people who live in nursing homes, community-based residential facilities, residential care apartment complexes, and adult family homes and who belong to a target population eligible for Family Care in their county. In Milwaukee County, this is only frail elders age 60 and over. In the other four counties, it is frail elders 65 or older, and adults with developmental and/or physical disabilities.

The five resource centers will send letters to all residents, or to their guardians, explaining the Family Care benefit, and inviting the residents or guardians to contact the resource center. The letter will also inform residents and guardians that resource center staff are available to discuss the whole range of public and private long-term care options available in their community.

Besides sending letters, the resource centers will also use one other method, such as meeting with residents, to provide them with information about Family Care. The resource centers are committed to working with the long-term care facilities in their area in order to make sure the outreach effort is not disruptive to residents or facility routines.

The resource centers are expected to have finished the outreach effort six months after the Family Care benefit becomes an entitlement, which varies from county to county. The Fond du Lac County resource center began its outreach effort in March, and the resource centers in La Crosse and Portage Counties will begin in April. In Milwaukee County, outreach efforts to some long-term care facilities has already started. The Richland County Aging and Disability Resource Center plans to begin outreach in January 2003.

Once the outreach effort is completed, the Department and resource centers will evaluate it to determine how effective it was in providing residents with information and in enrolling people in a CMO. The evaluation will look at the cost of the effort, the number of residents who end up talking to the resource centers about their long-term care options, and the number who end up enrolling in a CMO. ♦

Have you checked out our web site lately?



The following is a list of recently added information to our web site. Keep in mind that if you do not

have a computer with Internet access, you can probably find one at your local library.

- Being a Full Partner in Family Care – A booklet for CMO members or for anyone considering enrolling into a CMO. This booklet describes how members can be full partners in deciding what they need and want from their health and long-term support services.
- Family Care activity and progress reports – Quarterly reports on resource center and CMO activity, including numbers and types of information and assistance contacts and CMO enrollment. Also included are quarterly progress reports submitted by each resource center and CMO.
- Overview of Wisconsin's Long-Term Care Functional Screen – Included with the overview are instructions describing how to preview the on-line clinical certification course.
- Wisconsin's Family Care waiver application to the federal government – The waiver application has now been approved and is in effect in Fond du Lac, LaCrosse, Milwaukee, Portage and Richland Counties. ♦

Family Care web site:

www.dhfs.state.wi.us/LTCare

CMOs Use the Results of Member-Outcome Interviews

The second round of member-outcome interviews, with 492 Family Care members, has been completed. The results will help Care Management Organizations (CMOs) make changes to better support members' goals and preferences for their own lives.

Family Care quality is based on 14 member outcomes (see below) which were agreed upon by a workgroup of consumers and other stakeholders. Because each of us has our own hopes and desires, the outcomes have different meanings for different people. For example, one person might feel safe only when other people are close by, while that might make someone else feel unsafe.

To determine whether they are achieving their personal outcomes, randomly-selected members are interviewed, either by themselves or with someone who knows them well. The members' care managers are then interviewed, to determine whether the care managers know what the members' personal outcomes are, and whether they are taking steps to help members achieve them. The interviewing methods were developed in consultation with The Council on Quality and Leadership, a nationally recognized accreditation organization for programs for people with disabilities.

CMOs have used information from the member-outcome interviews to improve services in several ways. For example, after the first round of interviews, the Fond du Lac CMO was concerned with the low percentage of members with developmental disabilities who believed they were able to choose where and with whom they live. Over the next year, the CMO downsized some residential settings, provided more private rooms, and helped members who requested a change to choose a new living situation. As a result of these efforts, the percent of members with developmental disabilities who felt they were choosing where and with whom they live doubled from the first round to the second round of interviews.

Other ways CMOs plan to use the interview results include determining whether members using self-directed supports report a higher percentage of outcomes met, working with

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Family Care Member Outcomes

People are treated fairly.

People have privacy.

People have personal dignity and respect.

People choose their services.

People choose their daily routine.

People achieve their employment objectives.

People are satisfied with services.

People choose where and with whom they live.

People participate in the life of the community.

People remain connected to informal support networks.

People are free from abuse and neglect.

People have the best possible health.

People are safe.

People experience continuity and security.

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supported-employment providers to improve vocational outcomes, and determining which service providers seem to be more effective in helping members achieve outcomes.

The Department plans to interview a sample of members each year and to share the results with the CMOs. Results of the first round of interviews, which began in November 2000 and included 355 members, are described in a report, "CMO Member Outcomes: The Baseline Assessment." This report can be found on our web site at www.dhfs.state.wi.us/LTCare, or you may request a copy by calling Hollister Chase at 608/261-8877. The Department is currently analyzing the results of the second round of interviews, and will include results by CMO and by target group in an upcoming report which will be published on our web site. ♦

Moving Towards Functional-Based Rate Setting

In 2002, a major step forward was made in how the state calculates rates paid to CMOs to provide services to members. The Department plans to eventually base all CMO capitation payments on what it has cost CMOs to serve people with certain functional needs, as measured by the Long-Term Care Functional Screen. As a first step toward that goal, 20% of the 2002 payment amount is based on members' functional needs. The other 80% of the rate is based on the 2001 rates, adjusted for inflation and other factors.

The Department believes that basing rates on what it has actually cost CMOs to serve members with certain needs will allow CMOs to help members achieve their personal long-term care outcomes, while encouraging cost effective care plans. ♦

The Long-Term Care Functional Screen Moves Statewide

Plans are underway to expand the use of Wisconsin's Long-Term Care (LTC) Functional Screen statewide. The LTC Functional Screen, first developed in 1997, is currently used to determine functional eligibility for Family Care in the five CMO pilot counties, and for the Wisconsin Partnership Program and PACE (Program of All Inclusive Care for the Elderly) in Milwaukee County. Beginning in April 2002, the functional screen will be used to determine functional eligibility for home and community-based waiver (HCBW) programs in selected counties in Wisconsin.

Twenty-six HCBW counties volunteered to "pilot" the use of the functional screen in 2002. Staff from the Division of Supportive Living are working with these counties to ensure a smooth transition from the current HCBW eligibility and assessment process to use of the functional screen. The goal is to expand use of the functional screen to all 72 Wisconsin counties.

Currently, the functional eligibility tool for the home and community-based waiver programs is a paper form which is filled out manually. The web-based functional screen has the advantage of allowing screeners to instantly see the applicant's level of care and functional eligibility. The eligibility results will also be more consistent — automated processes generally have a higher degree of accuracy than manual ones, and the web-based screen has been updated to make the most common errors impossible to enter.

In addition to expanding the use of the LTC Functional Screen statewide, DHFS is working toward developing similar screening tools for children's programs, and mental health programs. ♦

CMOs Share Their Experience Implementing Family Care

CMO managers shared their experiences implementing Family Care with staff from 60 other Wisconsin counties at a statewide conference, held March 14 - 15 in Stevens Point, on the Health Insurance Portability & Accountability Act, better known as HIPAA. The Family Care presentation focused on lessons learned from implementing information systems needed to operate CMOs, and work completed to-date in preparing for HIPAA compliance.

HIPAA is the federal law for health care reform. The conference focused on aspects of HIPAA aimed at reducing costs associated with health care administration, such as submitting and paying claims. HIPAA requires the use of national standardized formats and service codes for the exchange of electronic health information. CMOs are considered health plans and subject to HIPAA requirements. All Wisconsin counties will need to assess their long-term support and other programs to determine what impact HIPAA will have for them.

The importance of project planning was highlighted, as CMO managers talked about being able to precisely show what services they are paying for, of the challenges of designing claims processing systems in anticipation of HIPAA, and of adjustments that were necessary to change county business operations into CMO systems. CMO staff from Richland and Portage Counties described their collaboration in developing and implementing a shared information system.

Integrating the case management and financial systems was also discussed, including ways to assure case managers' time is used to best advantage. An example of this is that CMO case managers in Portage and Richland Counties no longer need to review claims after they submit the original service authorization.

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CMO managers share their experiences implementing Family Care at the statewide HIPAA conference, held March 14 and 15, 2002 in Stevens Point. Left to Right: Meg Gleeson (Milwaukee), Ruth Ryan (Fond du Lac), Mary Faherty (La Crosse), Lucy Runnells (Portage), and Judy Krysko (Richland).

CMO presenters described the advantages and disadvantages of working with information systems vendors, including the use of purchased financial software packages and of hiring vendors to customize existing county systems, such as bill payment systems, to make them usable for CMO operations. Also discussed was the process of selecting and working with a Third Party Administrator (TPA) to handle all claims payment. Ruth Ryan, from the CMO in Fond du Lac County, stated that one challenge related to working with a vendor “is understanding what work the vendor will do for us and what work we must do ourselves.”

The CMOs have been preparing for HIPAA in a variety of ways. The Milwaukee CMO developed a tool that cross walks currently-used service codes to the HIPAA national medical codes. La Crosse has organized a cross-functional HIPAA workgroup that meets twice monthly. Three of the CMO counties have appointed a Privacy Officer who is responsible for policies and procedures needed to implement HIPAA privacy requirements. ♦

For more information on HIPAA see: www.dhfs.state.wi.us/hipaa

Enrollment Consultation Underway

As reported in the last issue of the *Family Care Update*, new applicants for Family Care have a new resource to make sure they fully understand the different service options available to them, and what it means to receive health and long-term care services from a managed care program. Before enrolling in a CMO, people now speak with an enrollment consultant employed by the Southeastern Area Agency on Aging, which is independent of the Family Care counties and CMOs.

At the beginning of April, approximately 255 consultations were conducted in Fond du Lac, La Crosse, Portage and Richland counties. Enrollment consultation began in Milwaukee County on April 1. The consultants will spend the first four months implementing the program by talking with people who are enrolling in Family Care. In August, the enrollment consultants will also speak to people who are interested in enrolling in Milwaukee’s PACE or the Wisconsin Partnership Program, both operated by Community Care Organization. ♦

Richland County CMO, Committed to Its Vision

The Richland County Care Management Organization (CMO) vision is:

“To promote the overall well-being of the people we serve by providing high quality, person-centered, outcome-based care.”

CMO staff have been working hard over the past several months to put that vision into action. Teri Buros, CMO Director, stated that it’s difficult to move from traditional care planning that focuses on services to meet members’ needs, to care planning focused on helping people achieve their own personal long-term care outcomes. With assistance from two consultants expert in community-based long-term care and system development, the CMO is developing a model for assessment and planning that they believe accomplishes the outcome-based goals of Family Care and works well for Richland County care managers and members.

The CMO also plans to develop a set of best practice guidelines for assisting members to achieve their outcomes such as, “I want to live in my own home” or, “I want a good job.” The CMO intends to incorporate questions in their assessment process to help identify whether or not members are achieving their personal outcomes over time.

Because of the continued focus on implementing their vision, the CMO staff has moved to a higher level of understanding of outcome-based service, and, “are excited to begin putting together a collective knowledge base for how to best support the achievement of outcomes,” according to Buros. ♦

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